

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
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TOTAL IND.		7	7	3	1
TOTAL DEP.		7	7	30	1
TOTAL CLAIMS		32	32	33	1

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100			
TOTAL IND.		7	7
TOTAL DEP.		7	1
TOTAL CLAIMS		32	1